

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|--|--------------|----------|----|---|----|---|---|---|---|
| 1 Date of Request: <u>11-2-05</u> | | 2 Serial/Patent # <u>10/534784</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| <input type="checkbox"/> | Filing | | | \$ | | | | | | | |
| <input type="checkbox"/> | Amendment | | | \$ | | | | | | | |
| <input type="checkbox"/> | Extension of Time | | | \$ | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input type="checkbox"/> | Petition | | | \$ | | | | | | | |
| <input type="checkbox"/> | Issue | | | \$ | | | | | | | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| <input type="checkbox"/> | Maintenance | | | \$ | | | | | | | |
| <input type="checkbox"/> | Assignment | | | \$ | | | | | | | |
| <input type="checkbox"/> | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$100.00 | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| 10 REASON: | | <div style="border: 1px solid black; padding: 5px;"> Treasury Check Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; text-align: center;"> <tr><td>5</td><td>0</td><td>--</td><td>0</td><td>6</td><td>2</td><td>4</td></tr> </table> </div> | | | 5 | 0 | -- | 0 | 6 | 2 | 4 |
| 5 | 0 | | | | -- | 0 | 6 | 2 | 4 | | |
| <input checked="" type="checkbox"/> | Overpayment | | | | | | | | | | |
| <input type="checkbox"/> | Duplicate Payment | | | | | | | | | | |
| <input type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Barbara Campbell</u> | | TITLE: _____ | | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: _____ | | | | | | | | | |
| OFFICE: <u>PCT/DO/EO</u> | | <small>Repln. Ref: 11/02/2005 BCAMPBEL 0010085800</small> <small>DAH:500624 Name/Number:10534784</small> | | | | | | | | | |
| ***** | | | | | | | | | | | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: | | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: